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RUEHPF/AMEMBASSY PHNOM PENH 0083
RUEHCG/AMCONSUL CHENNAI 9546
RUEHKP/AMCONSUL KARACHI 2540
RUEHCI/AMCONSUL KOLKATA 0430
RUEHLH/AMCONSUL LAHORE 0084
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SENSITIVE
SIPDIS

STATE FOR SCA/INSB
STATE FOR OES/IHB
STATE FOR AID/GH/HIDN
USDA PASS TO APHIS
HHS PASS TO CDC
HHS FOR OGHA

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TAGS: [CE](#) [ECON](#) [PGOV](#) [TBIO](#) [SOCI](#) [CASC](#) [KFLU](#)

SUBJECT: SRI LANKA'S PREPAREDNESS FOR PANDEMIC INFLUENZA:
SO FAR SO GOOD

¶1. (U) SUMMARY: The government of Sri Lanka (GSL) developed a plan in 2005 to track and respond to pandemic flu (H1N1 and H5N1) and has updated the plan as needed. Surveillance systems are in place, hospitals nationwide are prepared with isolated wards, and ports of entry are closely monitored. Poultry imports were also banned at the height of the bird flu scare. To date, there have been no reported cases of H5N1 (Avian Flu, or AI). The GSL reports 101 H1N1 (Swine Flu) cases, and no deaths. The World Health Organization (WHO) gave Sri Lanka's program high marks. The Centers for Disease Control also recently began funding a cooperative agreement project worth nearly USD 300,000 with Sri Lanka to enhance Sri Lanka's capabilities. End summary.

Preparations Look Good on Paper

¶2. (U) Econ officer met with Dr. Paba Palihawadana, Chief Epidemiologist in the Epidemiology Unit of the Sri Lankan Ministry of Health, on October 7. Palihawadana provided an overview of Sri Lanka's pandemic flu preparedness program (www.epid.gov.lk/pdf/Binder4.pdf), which was initially drafted in October 2005. Many ministries were involved in the development of the plan -- demonstrating the wide-reach of Sri Lanka's efforts -- and all remain engaged in frequent technical committee meetings. These include the ministries of Health, Education, Communication, Agriculture, Finance, Environment, and the Department of Animal Production and Health (DAPH). Currently, the "suspected infected" (those with flu-like symptoms who seek care) are tested nationwide, and the Medical Research Institute (MRI) is equipped to test for H1N1 or H5N1 cases. Across Sri Lanka, and including in the North and East, twenty hospitals have established isolated wards should a flu outbreak occur, and medical staff have received additional training. Sri Lanka monitors all incoming international airline passengers through data collection and the use of a thermal scanner at the country's one international airport. The Department of Health has stockpiled roughly 350,000 tablets of Tami Flu (mostly from

WHO), enough for 35,000 infected individuals.

¶3. (U) To date, Sri Lanka has reported 101 cases of H1N1 -- almost all of whom have been visitors or recent returnees from abroad. The disease has not spread beyond immediate family members, and no deaths have occurred. When global outbreaks of H5N1 were more frequent in 2005-2007, Sri Lanka cut off or severely restricted the import of live poultry from affected countries. The Sri Lanka Exotic Disease Emergency Plan was developed in consultation with the poultry industry and the Food and Agriculture Organization (FAO). Its aim was to prevent AI transmission to Sri Lanka and eradicating or controlling the spread of the disease, should it reach the island. While poultry exports from several U.S. states were temporarily banned, those restrictions have since been lifted. The DAPH has identified 14 "hot spots" where migratory birds may bring AI into Sri Lanka, and the Veterinary Research Institute carries out tests on birds in those areas to determine if AI has reached the island. According to Paliyawadana, as a result of the GSL's action, to date there have been no cases of H5N1.

¶4. (U) In a follow-up meeting with Dr. Firdosi Mehta at WHO on October 9, Mehta confirmed the "more than adequate" nature of Sri Lanka's testing, surveillance, and monitoring systems for pandemic influenza. However he noted that "more can always be done" and highlighted the close cooperation between the GSL and WHO. Mehta emphasized that since the first confirmed H1N1 case in mid-June, schools have been out of session. Now that schools have re-opened, case numbers may

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rise. Mehta also expressed satisfaction at the GSL's efforts to monitor the situation at the IDP camps in the East. He said that WHO is in contact with the more than 30 GSL public health inspectors who daily collect information in the camps on a range of diseases.

Additional Support Useful

¶5. (U) Post has also learned that the Centers for Disease Control has agreed to provide USD 299,155 to boost Sri Lanka's surveillance and response to AI and pandemic influenza. The principal intent of the assistance is threefold: to support surveillance and response and allow for containment of highly pathogenic virus transmissible among humans; to support the development of epidemiologic, laboratory and related capacity to detect, respond to, and monitor changes in influenza viruses; and to help strengthen connections between national institutions in different countries, especially National Influenza Centers (which Sri Lanka has) to more fully participate in the WHO Influenza Program, and to increase the sharing of specimens and epidemiologic influenza-related data with WHO and CDC.

¶6. (U) Sri Lanka will also send two government officials to participated in the Pandemic Senior Leaders Symposium in Phnom Penh October 12-15. The conference, organized by the U.S. Department of Defense, will focus on H1N1 current operations and developments and will review "best practices" for ports of entry and debarkation should emergencies occur. Issues related to the care of refugees and displaced persons will also be reviewed.

¶7. (SBU) Comment: Sri Lanka has benefitted from its island status, the relatively low numbers of international visitors, and the fact that it only has one major port of entry. While too early to judge Sri Lanka's preparations, government officials do share information weekly on reported and confirmed cases of pandemic flu strains. Cases are broken down by location, age, and gender; additionally, epidemiological information is shared, demonstrating a fairly complex and stringent surveillance and reporting program. At least on paper, Sri Lanka seems to be well prepared to act when necessary, with a plan and readiness to follow that

plan. Nonetheless, additional assistance would benefit the country's efforts -- particularly with additional lab supplies -- and the CDC project should help fill those gaps. As is so often the case, we would only fully learn how prepared Sri Lanka is should an outbreak begin. End comment.
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